

*Chandler*  
**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Dr. Samuel Englehardt  
 Julia Tutwiler Prison for Women  
 c/o The Health Care Unit  
 8966 Highway 231  
 Wetumpka, AL 36092

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

*Suzie M. Muns*

Agent  
 Addressee

## B. Received by (Printed Name)

*Suzie M. Muns*

## C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

## 3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input checked="" type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

E. Restricted Delivery? (Extra Fee)  Yes

2:decn172 (only ans. due 5/19)  
 8. Article Number  
 (Transfer from service label)

7005 1160 0001 2962 4042

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004